

## **Service Delivery Ideas and Best Practices**

\*\* denotes a best practice suggestion

\*\* Our five counties (Grant, Green, Iowa, Lafayette, and Richland) have operated as a Consortium since 1987. It makes no sense to break up a successful regional operation of county governments, with a 15-year history/track record, to add one more county (Rock).

I recommend that DWD allow multi-county Consortia, with one agency the lead (prime contractor with DWD) able to administer and operate programs. This practice is not prohibited under Federal TANF regs, and will encourage counties to work together. Isn't that a stated goal of both McCallum and Doyle? (also the Kettl Commission)

To reduce the number of W-2 contracts in 2004-05, Consortia should serve a geographic area of at least 100,000 total population as contained in the year 2000 census data. I'll bring to the 11/22 P&P sub-committee meeting a spreadsheet I did back in September with some of those census data.

WDBs are 501(c)(3) non-profit agencies, and are not in a position to take on the liability for W-2 benefits. The state won't guarantee a sum-sufficient appropriation at the state level, so someone has to take on the liability at the local level. Counties aren't liable for TANF as they are with WIA, and should not under any circumstances agree to take on the risk for cash benefits unless they operate their own W-2 program. Private-sector W-2 agencies can take on risk as they would with any other business venture.

\*\*Recommend that DWD consider block granting TANF funds to counties/W-2 agencies, like the Feds give the States, pending acceptable Plan submission. That way, we could set and fund local priorities within guidelines established by DWD. For example, the Southwest Consortium has kept cash benefits caseloads low by helping people go to work, stay at work, and gain the skills needed (both hard and soft skills) to move up the career ladder and out of poverty. We have moved beyond W-2 to W-3 (a best practice).

TANF funds should be flexible to provide appropriate services to people as long as they remain TANF-eligible. Cost allocation to CARS (or its replacement) lines would be done at the local level, based on the specific eligibility of the persons served (i.e. costs for services to folks at 0 - 115% FPL would be charged to W-2 budget lines while costs for services to folks at 116 - 200% FPL would be charged to TANF).

A related idea is from the 1996 JOBS/FSET planning guide. We received a set amount of GPR, and depending on the budget categories where we planned to spend the funds, leveraged TANF dollars to tailor the TANF funds where they needed to be spent. The Plan guidelines provided FMAP (federal match) rates for the various budget lines, and allowed us to budget as local needs dictated. Peter Van Ness and Carol Golish were the state staff in charge of this effort at the time.

**\*\*Change the CMC program to encourage participation in parenting and child development activities. Start services immediately (i.e. don't wait 6 weeks as DWD has proposed). Require participation in EP and services in exchange for CMC payment.**

Statewide, the CMC caseload is up 39% since 1999 and 60% of CMC cases subsequently enroll in W-2. Mary Rowin gave those figures at a W-2 Contract and Implementation Committee meeting in late 2001. The figures could be higher now.

Rock County estimates their CMC caseload averages 35% of their total cash payment caseload. Many W-2 agencies including those in Milwaukee believe the CMC program is a factor in the much-publicized rise in their W-2 cash payment caseloads.

While we wholeheartedly concur with and support time for a new mother to bond with her child, we are concerned that the CMC entitlement program evidences backsliding to the entitlement mentality that created dependency under AFDC. We are also concerned with the lack of reciprocal obligation by the CMC recipient to receive services such as home visits from a County Nurse, Family Educator, or Parent Aide to perform well-baby checks, assist with the parent-child attachment process, advise on child development issues, and help shape a home and family organized around work vs. receiving benefits. Even if the CMC payment is reduced and placement is lengthened, the time to work outside the home will come. How ready is the new family to meet the demands of work and family?

Our goal is to promote strong families with healthy children and brighter futures. All new parents, but especially parents without sufficient income to support their children, should receive a visit from a parenting educator in the hospital and/or upon coming home with the new baby. Hospital personnel (labor & delivery) and County Health Dept. (in-home visiting nurse) could provide well-baby checks and assess for risk factors. The higher the score on the risk assessment, the more frequent/intensive the services. The goal of services is to improve parent competency, stimulate the child's brain development, and promote the parent-child attachment process.

Attachment is the deep and enduring human connection established between a child and caregiver in the first several years of life. Secure attachment is critical to healthy individuals, families, communities, and society. Beyond providing safety and protection for young children, attachment has several other important functions:

- To learn basic trust and reciprocity, which serve as templates for all future emotional relationships;
- To develop the ability to self-regulate, resulting in effective management of impulses and emotions;
- To create a foundation for the formation of an identity that includes a sense of competency, self-worth, and a balance between dependence and autonomy;
- To establish a personal moral framework that involves empathy, compassion, and conscience; and
- To provide a defense against stress and trauma, which incorporates resourcefulness and resilience.

Children who begin their lives with compromised and disrupted attachment (associated with prenatal exposure to alcohol and other drugs, neglect of physical or emotional needs, abuse, violence, and/or multiple caregivers) are at risk for serious problems as development unfolds. These problems are common to our clientele:

- Low self-esteem;
- Lack self-control;
- Needy, clingy, or pseudo-independent;
- Decompensate when faced with stress and adversity;
- Negative, hopeless, pessimistic view of self, family, and society;
- Unable to develop and maintain friendships;
- Alienated from and oppositional with parents, caregivers and other authority figures;
- Anti-social attitudes and behaviors;
- Aggression and violence;
- Lack empathy, compassion, and remorse;
- Incapable of genuine trust, intimacy, and affection;
- Behavioral and academic problems at school; and
- Perpetuate the cycle of maltreatment and attachment disorder in their own children.

(This information was taken from the introduction to Attachment, Trauma, and Healing: Understanding and Treating Attachment Disorder in Children and Families. Authors: Terry M. Levy and Michael Orleans, CWLA Press, 1998.)

The importance of brain development and attachment is supported by scientific research done by the National Research Council and the Institute of Medicine (source: From Neurons to Neighborhoods, National Academy Press, 2000). One of the study's authors, Dr. Jack Shorrock, spoke to an audience of 400+ in Madison on Sept. 30 as sponsored by and described in articles by the Wisconsin State Journal. The Wisconsin Council on Children and Families promotes brain development in their "Better Badger Baby Bus Tours." Per an April 3, 2002 conversation with David Butler (MDRC) and Demetra Nightengale (Urban Institute), researchers are very interested in studying the attachment model.

\*\*The Trial Jobs program should be eliminated and replaced with a Transitional Jobs program, like the one the New Hope Project ran in Milwaukee from 1994 to 1998. For more info, see page 19A of the Sept 12, 2002 Milwaukee Journal Sentinel (article written by Julie Kerksick).

\*\*Eliminate Learnfare. It doesn't work. It assumes a cash welfare grant to sanction for child non-attendance at school. There are not enough cash welfare cases in Balance of State to make this program worthwhile outside of Milwaukee County.

\*\*DWD should pilot the Milwaukee W-2 Advisory Panel recommendations in Milwaukee but not export statewide. Those recommendations were developed specifically for Milwaukee. We continue to design programs and systems to fit both Milwaukee and Balance of State

(BOS), and end up with a system that serves neither well. This idea would save money, improve services and promote needed accountability in Milwaukee, and allow BOS to maintain advanced programming (e.g. in-home family-based services; workforce attachment and advancement) for the working poor.

**\*\*Best Practices** - Less than one month into co-locating with five major partners, a single-parent, male, former pole barn construction worker, head-of-the household, who is an FSET mandatory, W-2 eligible veteran with a shoulder and back injury, in need of retraining, was staffed at a wraparound meeting in the new Job Center. He is now on W-2 with scheduled assessments being funded jointly between DVR and W-2 with local physicians and the technical college. Agencies truly working together for the good of the consumer!

**\*\*Wood County** staffs all new W-2 requests as well as ongoing cases that are in crisis. Agencies that attend the staffing are DVR, Forward Service Corporation, Mid-State Technical College, Literacy Council, Wood County Department of Social Services which includes the FEP, W-2 Supervisor, W-2 Social Worker and Social Work Supervisor, Job Service, Public Health and Opportunity Development Center. The client does not attend this session. The FEP generally initiates the session unless another partner has brought the case forward. There is an identification of issues and an action plan developed. A mini staffing that consists of the client, FEP, assigned social worker and the other partners that are working with this case, follows the general staffing. Wood County is using the intensive intervention model that was developed by Tony Dziedzic of Kaiser Group with some slight modifications based on the local need.

Wood County also contracts with Opportunity Development Center for a program called Moving Up, which is an integrated service model that is funded by W-2, WAA and WIA. A brochure will be brought to the 11/22 P&P sub-committee meeting. The outcomes have been impressive.

11/15/02